

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Ommonwealth CTTY OF CAMBRIDGE Massachusetts ELECTION COMMISSION
le with: ity or Town Clerk or Election Commission  Please print or type all information, except signatures.  2010 JAN 25 A 9: 53
Fill in dates:  Reporting Period Beginning 10 17 2009 Ending 2 31 2009
Type of report: (Check one)  □ 8th day preceding preliminary □ 8th day preceding election □ 30 day after election □ year-end report □ dissolution
Full Name of Candidate (if applicable) School Committee - Cambridge Office Sought and District  184 Hurry Averue Residential Address Cambridge MA 02138 Tel. No. (optional)  Committee to Elect Patky Nolan Committee Name Name of Committee Treasurer 184 Hurry Ave.  Committee Mailing Address Cambridge MA 02138 Tel. No. (optional)
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used  October Saylet Treat  Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting periand represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements M.G.L. c. 55.  Signed under the penalties of perjury:  Treasurer's signature (in ink)  Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
TOTAL CALLED A THE CONTRACT MODE SAGE BELOW

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all
campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all
campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of
M.G.L. c. 55. Signed under the penalties of perjury:
1/20/10
Candidate tignature (in link)

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

mber on ea  Date  Received	Name and Residential Address (alphabetical listing required)	Amou	nt	Occupation & Employer (for contributions of \$200 or more)
***************************************				
			1	
			<u>)</u>	·
,				
		•		
			•	
····				
***************************************		· · · · · · · · · · · · · · · · · · ·		
		·		
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added-together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				·
	·			
		Hal		
·		). V		
	-			
			·	
			Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
I	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	,

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

2009
-
3
Dec.
1
2009
7
T
ber
Octobe
$\circ$

SCHEDULE A RECEIPTS

Date First Name	Last Name	Last Name Street Address	City	State	Zip Code	Amount	
	Maher	8 Dunstable	Cambridge	MA	02138	200	Consultant/Retire
Ann	Braude	48 Porter Road #		MA	02140		
 Charlie	Marguardt	10 Rogers St. # 1120		MA	02140		
Harriet	GRIESING	GRIESINGE 221 Mount Auburn # 504		MA	02138	100	
rvina	Rabb	1010 Memorial Drive		MA	02138		
lanet	Singer	5 Saint Mary Rd. Apt. 3		MA	02139		
isa	Frantzis	92 Washington Ave		MA	02140-2708		
さぎ	Zervas	86 Henry St., Apt. 2		MA	02139		
Sam	Christv	166A Elm St.		MA	02139		
Susan	Ware	16 Hilliard St.		MA	02138		
Denise	Nolan	3940 Randolph Ave.	Oakland	SA	94602	75	
10/30/09 Mary	Nolan	910 S.W. Canning St.	Portland	OR	97201-2218	75	

1,600.00 690.00 2,290.00

Total receipts in excess of \$50 (listed above)
Total receipts \$50 and under (not listed above)
Total receipts in period

# SCHEDULE B Expenses

Date To whom paid	Address	Purpose of expenditure	Amount
10/31/09 Daniel Kamman	123 Sawyer St. # 5, New Bedford, MA 02746	website	\$ 330.00
10/23/09 Connolly Printing	300 Salem St. Woburn MA	printing	\$6,430.51
10/25/09 Vistaprint	17 Fletcher Ave. Lexington MA	printing	\$ 152.00
10/20/09 Whole Foods	Fresh Pond Mall Cambridge, MA	food for event	\$ 151.45
11/5/09 Verizon	Boston, MA	compaign phone	\$ 127.00
10/31/09 USPS	Cambridge, MA	postage	\$ 453.25
12/31/09 Wainwright Bank	Alewife Brook Parkway Cambridge 02140	bank charges Oct-Dec	\$ 62.54

TOTAL 7706.75 under\$50 200.00 7906.75

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	, .	none		
		•		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Prior	self	184 Heran Are Cambridg MA 02138	Loan to Campaign	7,400
		0	1 5	·
			, , , , , , , , , , , , , , , , , , ,	
L	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7400

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4